

**City of Warwick  
Residential – Single Family**

No: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

**Application for Abatement of Property Tax**

For appeals to the tax assessor, this form must be filed with the City of Warwick tax assessor's office within (90) days from the date the first tax payment is due. For appeals to the local tax board of review, this form must be filed with the City of Warwick Board of Assessment Review not more than thirty (30) days after the assessor renders a decision, or if the assessor does not render a decision within forty-five (45) days of the filing of the appeal, not more than ninety (90) days after the expiration of the forty-five (45) days period.

**1. TAXPAYER INFORMATION:**

A. Name(s) of Assessed Owner: \_\_\_\_\_

B. Names(s) and Status of Applicant (if other than Assessed Owner): \_\_\_\_\_

\_\_\_\_\_ Subsequent Owner (Acquired Title After December 31 on \_\_\_\_\_  
\_\_\_\_\_ Administrator/Executor \_\_\_\_\_ Lessee \_\_\_\_\_ Mortgagee \_\_\_\_\_ Other-Specify \_\_\_\_\_

C. Mailing Address: \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

D. Previous Assessed Value \_\_\_\_\_ E. New Assessed Value \_\_\_\_\_

**2. PROPERTY IDENTIFICATION:**

A. Location (Street) \_\_\_\_\_ Description: \_\_\_\_\_

No. & Zip Code  
\_\_\_\_\_ Real Estate Parcel Identification: Plat \_\_\_\_\_ Lot \_\_\_\_\_ Unit \_\_\_\_\_

B. Date Property Acquired: \_\_\_\_\_ Purchase Price: \_\_\_\_\_ Total Cost Improvements: \_\_\_\_\_

What is the amount of Fire Insurance on Building: \_\_\_\_\_

**3. REASON FOR ABATEMENT SOUGHT:** Check reasons(s) abatement is warranted and briefly explain why it applies. Continue explanation on Attachment if necessary.

\_\_\_\_\_ Overvaluation \_\_\_\_\_ Incorrect Usage Classification  
\_\_\_\_\_ Disproportionate Assessment \_\_\_\_\_ Other – Specify \_\_\_\_\_

**\*\*NOTE: INABILITY TO PAY IS NOT A VALID REASON FOR AN APPEAL OF ASSESSED VALUATION.**

Applicant's Opinion of Value \$ \_\_\_\_\_

Explanation: \_\_\_\_\_

Have you filled a true and exact account this year with the City Assessor as required by law: (yes/no) \_\_\_\_\_

Comparable Properties that support your claim:

Address	Sale Price	Sale Date	Property Type	Assessed Value
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**4. SIGNATURES:**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF AUTHORIZED AGENT \_\_\_\_\_ DATE \_\_\_\_\_

(\_\_\_\_)

Name & Address of Preparer	Tel. No.
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THE FILING OF THIS APPLICATION DOES NOT STAY THE COLLECTION OF YOUR TAX. TO AVIOD THE ADDITION OF INTEREST AND OTHER COLLECTION CHARGES, THE TAX SHOULD BE PAID AS ASSESSED.